DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814

ERRATA

TO: COUNTY WELFARE DIRECTORS
         COUNTY FISCAL OFFICERS
         COUNTY AUDITOR CONTROLLERS
         COUNTY PROBATION OFFICERS

SUBJECT: AUTOMATED ASSISTANCE CLAIM NO CA 800 FC1 SB 163 FED

REFERENCE: COUNTY FISCAL LETTERS (CFLs) NO. 03/04-39 AND 03/04-40

This Errata is to notify counties that assistance claim form, CA 800 FC1 SB 163 FED (1/04), Foster Care Facility Report – SB163 (Attached), has been included in the Automated Assistance Claim Excel Workbook.

This form has been created to capture data for the SB 163 Wraparound Program using the new automated claiming process and is effective with the January claiming month.

FOSTER CARE FACILITY REPORT - SB 163

*Use the appropriate Foster Care Rate Letter for Foster Family Agencies (FFAs) and Group Homes for Calculations.

County:	Date:

Foster Family Agencies (FFAs)

A	B	C	D Maintenance Costs						*E Total Administrative Costs				F Social Work Admin. Costs		G	H	I	J Maintenance Costs			
Facility Name	Program Number	R-Revised C-Current P-Prior O-Original	1. Persons Count	2. Total Aid Paid	3. Maint. Ratio	4. Total Cost (Col D2 x Col D3)	5. NonFed. Ratio	6. Total Nonfed Share of Cost (Col D4 x Col D5)	1. Admin. Ratio*	2. Total Admin. Costs (Col. D2 x Col E1)	3. Fed. Admin Ratio	4. Total Federal Share of costs (Col E2 x Col E3)	1. Nonfed Admin Ratio	2. Nonfed Share (Col E2 x Col F1)	Facility Name	Program Number	R-Revised C-Current P-Prior O-Original	1. Persons Count	2. Total Aid Paid	3. Nofed Ratio	4. Total Nonfed Share of Cost (Col J2 x Col J3)
Totals FFAs			-	-						-				-	**Total Group Homes**			-	-		-
Calculation Checked																					
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INSTRUCTIONS FOR FORM CA 800 FC1 SB163 FED
FOSTER CARE FACILITY REPORT

Foster Family Agencies (FFA's) and Group Homes

1. Enter County Name and Date (Month and year).
2. Columns A and G: Enter the facility name.
3. Columns B and H: Enter the Program Number from the AFDC FFA or Group Home Rate Letters.
4. Columns C and I: Designate maintenance costs as: R-Revised, C-Current, P-Prior, O-Original.
5. Columns D1 and J1: Enter persons count.
6. Column D2 and J2: Enter the total benefit amount paid to the facility (amounts above the State set rate must not be included).

FFA's Only

7. Column D3: Enter the Maintenance Ratio from the appropriate Foster Family Agency Rate Letter.
8. Column D4: Total Maintenance Costs (Column D2 x Column D3). This amount will calculate automatically.
9. Column D5: Enter the Nonfederal Maintenance Ratio from the appropriate rate letter.
10. Column D6: Nonfederal share (Column D4 x Column D5). This amount will calculate automatically.
11. Column E1: Enter the Administrative Cost Ratio from the appropriate FFA Rate Letter.
12. Column E2: Total Administrative Cost (Column D2 x Column E1). This amount will calculate automatically. Columns D4 plus E2 should equal Column D2 Total Aid Paid.
13. Column E3: Enter the Federal Administrative Cost Ratio from the appropriate FFA Rate Letter.
14. Column E4: Total Federal share (Column E2 x Column E3). This amount will calculate automatically.
15. Column F1: Enter the Administrative Cost Nonfederal ratio from the appropriate rate letter.
16. Column F2: Nonfederal share (Columns E2 x F1). Columns E4 plus F2 should equal the total of
Column E2.

Group Homes Only

17. Column J3: Enter the Non-federal Maintenance ratio from the appropriate Group Home rate letter.
18. Column J4: Nonfederal share of maintenance costs (Columns J2 x J3). This amount will calculate automatically.

General Instructions

19. The Totals for Columns D1, D2, D4, D6, E2, E4, F2, J1, J2, J4 will calculate automatically.
20. The Total of Columns D6, E2, (FFAs) and J4 (Group Homes) should match Line 15 on the CA 800FC Fed form.
21. The total of Column E4 should match the total of Line 22 on the CA 800FC Fed form.
22. If any amount, other than zero, appears on the "check calculation" row, this indicates an error. Please correct before submitting.